



## PART B - FEE(S) TRANSMITTAL

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7590

06/06/2003

Woodard, Emhardt, Naughton, Moriarty and McNett  
Bank One Center/Tower  
Suite 3700  
111 Monument Circle  
Indianapolis, IN 46204-5137

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## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

**BRAD A. SCHEPERS** (Depositor's name)  
*Brad A. Schepers* (Signature)  
AUGUST 26, 2003 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/042,589	01/09/2002	Lukas Eisermann	4002-2802/PC635.00	6602

TITLE OF INVENTION: INTERVERTEBRAL PROSTHETIC JOINT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300	\$300	\$1600	09/08/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
ROBERT, EDUARDO C	3732	623-017140

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. **WOODARD, EMHARDT, MORIARTY, McNETT & HENRY LLP**  
2. **PATENT AND TRADEMARK ATTORNEYS**  
3. **BANK ONE CENTER TOWER**  
**111 MONUMENT CIRCLE, SUITE 3700**  
**INDIANAPOLIS, INDIANA 46204-5137**

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

SDGI Holdings, Inc.

Wilmington, Delaware

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☒ Publication Fee  
☐ Advance Order - # of Copies \_\_\_\_\_

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